



# On My Way Preschool Provider Application



This page must be completed fully and submitted to the Office of Early Childhood and Out of School Learning prior to enrollment as an On My Pre-K approved program. **(For Marion County only, providers are approved for both On My Way Pre-k and Indy PSP.)**

## Organization Information:

Pre-K Program Name \_\_\_\_\_

Business Name or  
School District Name (if applicable) \_\_\_\_\_

PreK Program Information  
Address: \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

Phone number \_(\_\_\_\_)\_\_\_\_\_

Fax number \_\_\_\_\_

Email Address \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

## Check your eligibility status:

Licensed Home Paths to QUALITY Level 3 or Level 4

License # \_\_\_\_\_

Licensed Center Paths to QUALITY Level 3 or Level 4

License # \_\_\_\_\_

Registered Ministry Paths to QUALITY Level 3 or Level 4

Registration # \_\_\_\_\_

Public School Pre-K Paths to QUALITY Level 3 or Level 4

Provider ID EX # \_\_\_\_\_

Charter School Pre-K Paths to QUALITY Level 3 or Level 4

Provider ID # \_\_\_\_\_

Private Accredited Pre-K

Name of Accrediting Body \_\_\_\_\_

**Please attach proof of accreditation and proof that  
accreditation includes the Pre-K classrooms.**

**Program Information:**

Note: Children with an On My Way Pre-K grant can enroll to begin in the fall of 2015. On My Way Pre-K programs may be offered for an academic year or full calendar year.

1. Will your program start enrolling On My Way Pre-K Children for the 2015-2016 school year?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is your maximum enrollment capacity for four year olds receiving an On My Way Pre-K grant?

\_\_\_\_\_

For Marion County only, what is your maximum enrollment capacity for three year olds receiving an Indy PSP grant?

\_\_\_\_\_

When calculating maximum enrollment capacity, please consider your licensing, registration and accreditation standards. You may not exceed the requirements for minimum square footage, staff to child ratios, group size or overall capacity. If you are adding a classroom please consult with your licensing, registration or accreditation representative to ensure that your program is maintaining compliance with all requirements.

2. Do you plan to provide transportation for participating children?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Program Design:**

1. If you offer more than one Pre-K Option for On My Way Pre-K families, such as two-part day programs am and pm or two programs that alternate days such as Monday/Wednesday and Tuesday/Thursday, please complete the chart below for each option. If you do not offer multiple options you will only need to complete the first table. Please keep in mind **a minimum of 450 hours and 114 days of Pre-K service must be offered per program year.**

**Note:** On My Way Pre-K programs can be full time or part time.

## Family Option 1

	Monday	Tuesday	Wednesday	Thursday	Friday
Start time					
End time					

## Family Option 2

	Monday	Tuesday	Wednesday	Thursday	Friday
Start time					
End time					

## Family Option 3

	Monday	Tuesday	Wednesday	Thursday	Friday
Start time					
End time					

**Program Cost/Fees:**

Please indicate your cost per child for offering PreK services for the program year. These costs should be inclusive of all costs. For fee based programs please indicate the rate that you charge private pay families for the same PreK services offered to On My Way Pre-K grantees. The rates indicated here may not be the rates reimbursed by the On My Way Pre-K Grant.

Cost per four-year old child per program year \_\_\_\_\_

Cost per three-year old child per program (*For Marion County Providers only*) \_\_\_\_\_

Private pay fee charged per program year \_\_\_\_\_

I understand that by submitting this application, I am agreeing to participate in the On My Way Pre-K Program. I understand that I must also complete the required vendor forms and sign the provider agreement. I understand that once the information is received, processed and validated, my Pre-K Program will be approved as an On My Way Pre-K Program and my Pre-K Program will be added to the list of options for families receiving the On My Way Pre-K Grant from which to choose.

Authorized Signature \_\_\_\_\_

Date of signature \_\_\_\_\_

***Once this application is complete and signed by an authorized representative of the Pre-K Program, send it to the address listed on the right. Please be sure to also complete and include the required vendor forms. These forms can be found here:***  
<http://in.gov/fssa/4930.htm>

***Prior to approval as an On My Way Pre-K Program you must sign and return the required On My Way Pre-K Provider Agreement. This agreement will be emailed to you at the email address indicated on this application.***

***FSSA will process and verify the information submitted. You will be notified via email once your enrollment is complete.***

On My Way Pre-K Provider Application

Return these forms to the following address:

Office of Early Childhood and Out of School  
Learning  
402 West Washington Street  
W-361 MS-02  
Indianapolis, IN 46204-2739  
Attention: Beth Barrett

Completed forms may also be emailed to [beth.barrett@fssa.in.gov](mailto:beth.barrett@fssa.in.gov) or faxed to [317-234-6905](tel:317-234-6905) ATTN: Beth Barrett.